

increased their absence and tardiness rates. (Gall, 2000)

The study's findings illustrate the utility of psychosocial screenings in a SBHC in identifying youth with psychosocial disorders, and suggest that subsequent treatment can potentially decrease behaviors associated with lower academic achievement. However, significant financial barriers to treatment exist at many SBHCs. Students who are insured by Medicaid are five times more likely to be identified and referred for mental health services at SBHCs, yet services for these students may be limited because funding cannot be secured. Similar problems may exist for students with no insurance at all, who account for a significant proportion of SBHC enrollment. A potential solution may be collaboration between health maintenance organizations and SBHCs.

The PSC-Y is still used at Chelsea High School's SBHC as a mental health assessment tool. Although data is no longer collected for research, each patient completes the PSC-Y upon registration at the SBHC, and the checklist is scored and reviewed as part of the interview at the first visit. Students receiving scores above the cutoff are referred for mental health services as appropriate. By using the PSC-Y, SBHCs can expect to identify, refer and treat adolescents for mental health problems more swiftly in a convenient and confidential setting.

**Sources:** Kelleher, KJ, Wolraich ML. Diagnosing psychosocial problems. *Pediatrics*. 1996;97:899-901; Schwartz-Gould M, Wunsch-Hitzig MA, Dohrenwend B. Estimating the prevalence of childhood psychopathology: a critical review. *J Am Acad Child Psychiatry*. 1981;20:462-476; Costello, EJ, Edelbrock C, Costello A. Psychopathology in pediatric primary care: the new hidden morbidity. *Pediatrics*. 1988;82:415-424; Gall, GB. Utility of Psychosocial Screening at a School Based Health Center. *Journal of School Health*. 2000; 70. Thanks to Jordan Hampton, NP of the School-Based Health Center at Chelsea High School for her assistance with this article. For further information on this topic contact Ms. Gall at Gallgb@aol.com. More information on the PSC-Y is available at: [www.mgh.harvard.edu/allpsych/PediatricSymptomChecklist/psc\\_hom\\_e.htm](http://www.mgh.harvard.edu/allpsych/PediatricSymptomChecklist/psc_hom_e.htm)

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In the video *Scene Smoking: Cigarettes, Cinema & the Myth of Cool*, professionals from the entertainment and health fields discuss real-life choices they've made and what they think about the depiction of tobacco on-screen. Recent studies have found that films depicting tobacco use are *increasing* and are reinforcing misleading perceptions that smoking is a widespread, socially desirable, and normal behavior. The accompanying guides for facilitators suggest activities to promote critical thinking and discussion.

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**Did you know?**

29% of students reported feeling so sad or hopeless for two weeks in the past 12 months that they stopped their normal activities (Massachusetts Youth Risk Behavior Survey, 2001).



# InStep

With School Health

Sponsored by the Massachusetts Departments of Education and Public Health, Volume 2, Issue 1

## Chelsea Uses Tool to Identify Psychosocial Disorders in Students

Approximately 14%-20% of American children have one or more psychiatric disorders in the moderate to severe range (Kelleher et al., 1996; Schwartz-Gould et al., 1981). If left untreated, mental health problems can develop into greater psychosocial disorders, increasing the risk for dropping out of school and suicide and leading to increased use of health care services. Despite these rates, only small numbers of children are actually identified with psychosocial dysfunction and even a smaller number of those identified receive mental health services (Costello et al., 1988). As a link between students and the medical community, School Based Health Centers (SBHC) have the potential to identify and treat adolescents with mental health problems, possibly reducing behaviors such as absenteeism and tardiness that can contribute to decreased academic performance.

A recent study conducted at Chelsea High School by Gail B. Gall, former Nurse Practitioner at the school's SBHC, examined the extent to which screening for psychosocial dysfunction in students and subsequent referral to mental health services improved academic function. Approximately 95% of the students enrolled as patients at the SBHC took part in the study. Students were evaluated using a validated psychosocial screening instrument, the Pediatric System Checklist (PSC-Y). The PSC-Y consists of 35 questions related to symptoms associated with depression or mental illness, each rated as "never", "sometimes" or "often" present (scored 0,1 and 2 respectively). Other key risk factors were evaluated and students' attendance was monitored.

Approximately 14% of students scored at or above 30, the cutoff score indicating psychosocial impairment. Adolescents identified by the PSC-Y as having psychosocial dysfunction were more likely to have been insured by Medicaid, to have been a teen parent, and to have had a higher rate of absenteeism and tardiness than those not identified. Students who reported they had problems getting into trouble or getting along with their parents, had poor grades or had a history of mental health services and health

problems were significantly more likely than their peers to score at or above the cutoff score of 30. Additionally, results showed that females were more likely than males to exhibit difficulties in managing daily functioning. Adolescents identified as wanting additional mental health services were referred to the SBHC. The adolescents who received services significantly decreased their absenteeism and tardiness, while those not receiving counseling slightly (continued p. 4)

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## InStep with School Health

We encourage your contributions and feedback!  
To send submissions, letters, and suggestions or to get on the mailing list, write to:

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Please share **InStep** with your Health and Physical Education staff!

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03004

# How coordinated school health programming (CSHP) can work at your school: Incorporating mental health issues and services into the CSHP

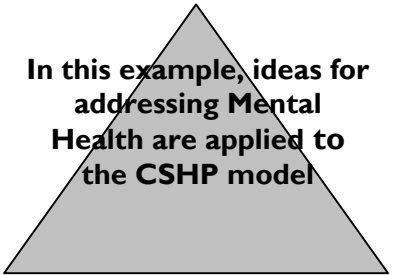
**Health Services:** The school health staff can maintain an updated referral list for students needing or requesting services.

**Health Promotion for Staff:** Provide workshops on stress reduction, classroom management, and social-emotional learning.

**Counseling, Psychological, and Social Services:** Set up a school wide student assistance team to identify and assist at-risk students. Develop a protocol for teachers, administrators and other school staff for emergency response to school crises.

**Food and Nutrition Services:** Provide well-balanced, tasty meals at lunch to encourage consumption of healthy foods over those that provide less nutritional value or adequate energy for active learning.

**Physical Education:** Promote exercise as a means of stress relief. Use PE activities to reinforce conflict resolution and aggression reduction.



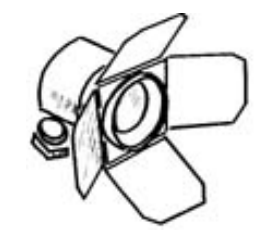
**In this example, ideas for addressing Mental Health are applied to the CSHP model**

**Family and Consumer Science:** Promote independent living skills as they pertain to positive individual development within the community. Identify resources for mental health support within the school and community.

**Parent/Community Involvement:** Offer programs and workshops in developing positive relationships between parents, students, school staff, and the community. Involve community agencies and organizations in identifying and referring youth in need of mental health services.

**Health Education:** Match approved school curriculum to the mental health, family life, and interpersonal relationship strands in the Massachusetts Comprehensive Health Curriculum Framework.

**Safe and Healthful School Environment:** Promote an atmosphere where students, staff, and parents respect differences. Develop a school or district wide program where every student is known by at least one adult staff member in the school who is able to provide guidance and support.



## Spotlight! The Link Between Social-Emotional Health and Academic Achievement: Hudson Public Schools

In the Hudson schools, administrators, teachers, and staff believe students benefit both academically and socially from an education that integrates challenging academics with a commitment to creating a caring and civil community. Seven years ago, Hudson implemented the Character Education Program, focusing on the core values of empathy, ethics, and service. This effort enables Hudson to provide programs that address social development, ethical development, and the development of civic competencies, all in the context of an academic program.

Hudson's program mirrors a rising movement in schools to promote the concept of social-emotional learning (SEL), an approach to education that teaches skills, knowledge and values that promote social and emotional development. Most SEL programs focus on a very similar group of skills and knowledge:

- awareness of themselves and others;
- problem-solving and decision-making in creative and flexible ways;
- cooperating with others;
- communicating in clear and direct ways; and
- controlling their impulses.

In Hudson, two successful Character Education programs reflect the concepts of SEL.

Responsive Classroom™  
Responsive Classroom™, a program implemented in elementary and middle schools, focuses on each class as a community and on students' responsibilities for their own learning and behavior. Examples of strategies teachers use include Morning Meeting, a daily routine that builds community, creates a positive climate for learning and reinforces academic and social skills; Guided Discovery, a format for introducing materials that encourage inquiry, heighten interest, and teach care of the school environment; and Family Communication Strategies, ideas for involving families as true

partners in their children's education. Teachers and students in Hudson schools using Responsive Classroom™ report a greater sense of community and a decrease in conflict, allowing students to be more focused academically.

Community Service-Learning  
The Community-Service Learning program, a teaching and learning approach through which students achieve curriculum goals while participating in community-service, is implemented system wide in Hudson. Students in service-learning make connections between what they are studying in class and community, social, political, and environmental issues.

One research study found that students in service-learning programs were more likely to treat each other kindly, help each other, and care about doing their best (Berkas, 1997). In another study, students in service-learning programs showed gains on student achievement tests in language arts and/or reading, engagement in school, sense of educational accomplishment and homework completion (Weiler et al., 1998).

In Hudson, 85% of students are involved in service-learning activities each year. Kindergarten students work on a quilt project tied to math and language arts. First graders have an ongoing relationship with senior citizens at the local Senior Center that helps teach students basic literacy skills. Fifth graders work with classrooms of multiple-handicapped children to develop an awareness of and respect for diversity.

According to Mary McCarthy, Hudson's Director of Character Education and Service-Learning, these programs have improved the overall environment in the schools, and provided students with enriching activities that support academic and social success.

Additionally, students in Hudson report that they feel connected to their

schools and fellow students, and that most students have at least one adult staff member they can turn to for support. By reducing the number of students who are disengaged and unconnected to the school community, Hudson has reduced behavior problems, including physical and verbal conflict, and given young people the mentoring and guidance they need to be successful students and community members.

Resources:  
Thanks to Mary McCarthy for her assistance with this article. Resources and references: Hudson Public Schools; The Center for Social and Emotional Education (www.csee.net); Berkas, T. (February, 1997) Strategic Review of the W. K. Kellogg Foundation's Service-Learning Projects,1990-1996. Battle Creek, MI: W. K. Kellogg Foundation; Stephens, L. (1995) The Complete Guide to Learning Through Community Service, Grades K-9. Boston, MA: Allyn and Bacon; Weiler, D., LaGoy, A., Crane, E. & Rovner, A. (1998) An Evaluation of K-12 Service-Learning in California: Phase II Final Report. Emeryville, CA: RPP International with the Search Institute; Berman, S. (August, 2000) 'Service as Systemic Reform.' The School Administrator 7:57 20-24.

**Mental Health Resources:**

**Center for Academic and Social-Emotional Learning: [www.CASEL.org](http://www.CASEL.org)**

**"Helping Children and Adolescents Cope with Violence and Disasters", The National Institute of Mental Health. [www.nimh.nih.gov/publicat/violence.cfm](http://www.nimh.nih.gov/publicat/violence.cfm)**

**Youth With Mental Health Disorders: Issues and Emerging Responses Office of Juvenile Justice and Delinquency Prevention, 2000: [www.ncjrs.org/pdffiles1/ojjdp/178256.pdf](http://www.ncjrs.org/pdffiles1/ojjdp/178256.pdf)**

**Mental Health: A Report of the Surgeon General U.S. Public Health Service, 2000. [www.surgeongeneral.gov/library/mentalhealth/chapter3/sec1.html](http://www.surgeongeneral.gov/library/mentalhealth/chapter3/sec1.html)**

**Did you know?**

According to the 2001 Massachusetts Youth Risk Behavior Survey, in the past 12 months, 29% of adolescents had felt so sad or hopeless for two weeks that they stopped their normal activities.

### FYI — FYI — FYI — FYI — FYI —

**The students are moving at the Perkins School for the Blind in Watertown!**

Moving around the track that is. The nutritionist, Margaret Loeper Vasquez, MS RD LDN, has started a "track club" where students meet her at the track for as many laps as they can fit in during their morning school break twice a week. Currently there are six members and she is always looking for more. The track club helps incorporate exercise into the daily routines of students who would otherwise be buying junk food at the snack bar. Keep up the good work, track stars!

For more information contact: [Margaret.Vasquez@Perkins.org](mailto:Margaret.Vasquez@Perkins.org)

**Attention School Health Services Staff and Health and Physical Educators!**

MDOE and MDPH are now offering training on the *School Health Index*, an easy-to-use tool for assessing and developing school health programs and policies based on the specific needs of your school.

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**Contact Michelle Zbell at MDPH for more information or to schedule a training at: 617-624-5537 or [michelle.zbell@state.ma.us](mailto:michelle.zbell@state.ma.us)**

Visit our CSHP websites!  
MDPH: [www.state.ma.us/dph](http://www.state.ma.us/dph)  
MDOE: [www.doe.mass.edu](http://www.doe.mass.edu)

**New Resources!**

*Keeping Kids Healthy: Obesity, Nutrition & Physical Exercise:* Provides links to information about obesity, prevention strategies and key government documents. For more information: [www.healthinschools.org](http://www.healthinschools.org)

*School-Based Dental Programs: Expanding Access to Dental Care:* A How-To Guide produced by Community Catalyst, in partnership with Mass Health Care For All: [www.healthinschools.org](http://www.healthinschools.org)

*"Making the Connection: Health and Student Achievement,"* a slide presentation from The Society of State Directors of Health, Physical Education, and Recreation and the Association of State and Territorial Health Officials will soon be available on CD-ROM: [www.thesociety.org](http://www.thesociety.org).

**The Massachusetts Forum for Creating Healthier Communities**

The Massachusetts Forum for Creating Healthier Communities offers community teams and individuals a unique, extended opportunity to enhance skills and learn new strategies to create healthier and safer communities. The program runs from September 2003 through June 2004, and includes monthly trainings as well as educational clinics, technical assistance and coaching for six selected communities, and mentoring opportunities.

More information is available on the Web at: [www.tmfnet.org/partnership](http://www.tmfnet.org/partnership)